

older adults. The book closes with some general reviews on therapeutic communities and aspects of rehabilitation and continuing care.

Almost all of the chapters are short and to the point: the editors have clearly asked for – and received – succinctness as well as good summative reviews of their author's receptive fields and topics. The chapters are themselves littered with boxes summarizing their salient points, and the writing is always clear and free of jargon. I would recommend the book to all psychiatric nurses for although not directly aimed at us, much of the material is central to the problems currently faced in institutional psychiatric care. Whatever solutions emerge to deal with these problems, they are going to affect, necessarily, everyone involved. This book does not define the problem – toxic institutions are already being talked about – but it is, in one volume, a comprehensive assessment of the nature of what has gone wrong as well as being an optimistic, but practical, response to how things might be put right.

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## Storytelling in Therapy

*Rhiannon Crawford, Brian Brown & Paul Crawford*  
*Nelson Thornes Ltd, Cheltenham*  
 2004, 128 pages, £14 (pbk)  
 ISBN 0-7487-6932-3 (pbk)

## Community Care

*Neil Thomson & Sue Thomson*  
*Russell House Publishing, Lyme Regis, Dorset*  
 2005, 112 pages, £14.95 (pbk)  
 ISBN 1-903855-58-6

## Clinical Values

*Sandra Buechler*  
*The Analytic Press, London*  
 2004, 194 pages, £25.50 (pbk)  
 ISBN 0-88163-377-1

## Applying Family Therapy

*Steven Walker & Jane Akister*  
*Russell House Publishing, Lyme Regis, Dorset*  
 2004, 123 pages, £15.95 (pbk)  
 ISBN 1-903855-40-3

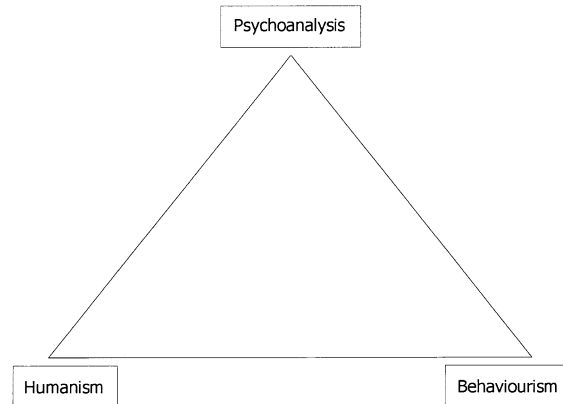
## Handbook of Professional and Ethical Practice

*Rachel Tribe & Jean Morrissey (eds)*  
*Brunner-Routledge, Hove*  
 2005, 339 pages, £17.99 (pbk)  
 ISBN 1-58391-969-4

Someone once told me that patients in Jungian therapy dream Jungian dreams, as opposed to those in Freudian therapy who produce Freudian dreams. It could be argued that this is something of a tautology, that dreams, in themselves, do not have identity but are defined by interpretation. There is, nevertheless, an implication of complicity between the therapist and the therapized that does not own up easily to objective explanation. One would have expected a more random intermingling of client's problems and therapeutic responses rather than a clientele's capacity to match the rationales of therapists. That said, I hardly imagine someone with, for example, obsessive-compulsive disorder (OCD) responding less effectively to a cognitive behaviourist than to say someone of an analytical bent: actually, Malan (1979) claimed, plausibly, that not one case of OCD had ever been helped by psychoanalysis. Surprising, given the metaphorical and symbolic overloading of obsessive compulsive thinking: you would think, in fact, that OCD had been created with psychoanalysis in mind. One point, of course, seldom realized, is that Freudianism had as much to do with delineating a philosophy of mind as the provision of therapy. Arguably, the heyday of psychoanalysis was the 1930s: for example, its ubiquity was measurable by its prevalence within army medical practice as well, of course, its influence on the arts: one can hardly imagine a Joyce or a Dali (or even a Hitchcock) without Freud.

Of course, eventually Freudian therapy would absorb the overflow of humanistic spillage from American Rogerianism. I suppose part of the huge European uptake of Rogerianism (and its variants) was its accessibility as well as the cultural context of the time: whereas Freudianism (and its neophytes) required lengthy periods of esoteric training,

Rogers's central suppositions were available to Everyman: the 'down to earthness', the abrogation of skills in favour of human 'conditions' – empathy, non-judgementalism – were qualities that all could possess at least in some measure. All of that psychoanalytic repression and covertness fitted less well into our aspirational 'let it all hang out', 'everybody's every thought count': instead of visibility we end up with hyper-visibility. The downside of this ordinariness, however, was its lack of accountability and outcome measures (equally true of analysis), and it was surely inevitable that therapies possessing their own yardsticks of outcomes would seize the high ground. And yet, just as curiously, outcome therapists, for example, cognitivists, also sought to establish Rogerian credentials not in any formal sense, perhaps, but as ballast against being seen as didactic or lacking subtlety. It had taken time and effort for Pavlovian behaviourism, given its problems of translation, to take root in Western psychology even if, ultimately, its cognitive bent would assume importance. All told, we had arrived at a triumvirate of basic orientations with minor variations drawn from one or more of these basic types, we can represent these thus:



### Domains

Each of these domains were governed by their respective Dukes, be it Rogers, Freud, Pavlov or Skinner: each set out their claims, some more aggressively than others, but with all of them conscious of the growing demands for evidence and proof. For some, the rot set in early: Gellner (1985) produced a substantive critique of psychoanalysis. He hammered at the empirical unsustainability of its central concept of transference stating that, without this concept 'the psychoanalytic house of cards falls down'. Kline's (1981) *Fact and Fantasy in*

*Freudian Theory* was less philosophical, more concerned with the unverifiability of psychoanalytic practice, but this at least reminded one that psychoanalysis was never intended (exclusively) as therapy at all and that, for example, 'the Tavi boys' – members of the Tavistock Institute – with their therapies and treatments were once looked upon, by Freudian purists, with disdain. Of course, the coup de grace was delivered by Hans Eysenck (1957) who not only regarded most of psychoanalysis as 'nonsense' but whose writings were more popular, more widely read.

### Abuse

Recently, we have had critiques of a very different kind. *Against Therapy* by Masson (1997) deployed a series of charges alleging unethical practice, detailing how (mainly psychoanalytic) therapy could, and frequently did, lead to abuse of clients. I had come across such allegations before in the work of La Tourette (1987), a British writer who had been subjected to sexual innuendo and improprieties by male therapists using psychoanalytic concepts of denial.

Not all of psychology's sins lie at the door of psychoanalysis, of course: later variants, splitting of humanistic vs. cognitive/didactic lines have also come under review and never more effectively as in Clare's (1981) deconstruction of 'west coast' (humanistic) practices in his book *Let's Talk about Me*. Reading this, it is not difficult to imagine how shifts from questions – both moral and psychological – such as 'how do I become a good person' or 'what is the right thing to do' have, over the last 50 years, devolved to questions of 'me': 'me' not just in a sense of 'my rights' but also 'me' psychologically – in the sense of narcissism. Dalrymple (1995) relates a story of a patient who had committed a violent assault, but who presented this less as an ethical violation and more as a psychologically justificatory act to the effect that *his* 'selfhood' had been violated: having beaten a girlfriend to pulp he proffered the psychological defence: 'you see, doctor, she was doin' me head in'.

Nor, as I have indicted, are the cognitive therapies, with their claims to efficacy and so forth, excluded from default. One of my favourites has always been Rational Emotive Behavioural Therapy (Ellis 1994) as I believe it is now (finally) called. It proceeds on notions of rationality and the capacity of therapists to alter the supposed irrationalities of

clients, re-educating them toward more logically balanced ends. It seems a strange assumption that our actions are governed by logical propositions and preformed premises, as if we lacked central and autonomic nervous systems drenched in adrenaline, the firewater of anger and fear. Rational therapies resemble the problems inherent in Kantian philosophy; a system of logical decision making stripped of notions of fear and consequences and supposedly operating on principles of duty and reason. That we *can* act so dispassionately, leaving impulsivity aside, for instance, – to name one errant emotion – is questionable. There's a scene in *Crime and Punishment* where Raskolnikov sits in his room agonizing over whether to return to where he has hidden his ill gotten gains: he finds himself rising from his bed to do so but *without having considered this*. And, if actions can speak louder than words, much more can they speak louder than intentions (unless repressed, of course!). Indeed, if we took the psychoanalysts seriously, we would have to concede that most of us haven't a clue as to the real reason why we do anything! In other words, the cognitivists would have us think things through, the analysts would challenge the validity of manifest thought; at least the humanistics would forgive us our thoughts – or at least not judge us.

### And then there were five

I thought it only fair to declare the trepidation with which I propose to review the following five books and, as well, my concern to place these books into a wider, historical, perspective. My first thought is that different counselling approaches cannot all be right or, at least, cannot all be right about the same things: I suppose that is why the newish debates about outcome studies have gained such ground. However, my view is that, although currently under sceptical resistance, the institutions of therapy and counselling continue to play an important part in our (Western) lives. It is too facile to say that they have replaced the role of religions. That said, it is Cameron's view – backed up by the work of Anthony Giddens (Tucker 1998) – that therapy enables people to construct narratives of their lives which take account of their pasts and which allows them to proceed toward more viable futures; and second, that therapy also plays a role in identifying what it means to be a 'good person'; in other words, therapy is not the dispassionate endeavour it invariably sets itself up to be (see Clarke 1999). I would

like to deal with these two issues within the contexts of my reviews. For instance, in respect of the first book, *Storytelling in Therapy* by Crawford *et al.* (2004), constructing narratives of one's life can take curious turns. I recall an experiment by Garfinkel (1967) where he asked students to come forward with (genuine) relationship problems only to be responded to by two groups of therapists, both of which groups Garfinkel had already briefed. Irrespective of the problem presented, the therapists were to provide one of two responses: one, a positive response ('you could try continuing with the relationship at present') and the other a more negative ('I don't think you should continue with that relationship at least not yet'). He advised his therapists to choose one or the other of these responses by random number – for instance, number 4 might be a *negative* and 12 might be a *positive* and so forth). What transpired was that many of the students were able to build into their narratives the random responses received from their 'therapists'. This says much about the suggestiveness of therapy, but it also says something about its redundancy given that *any* advice can be moulded into that which suits a client's desires. This is Garfinkel's point: that we authorize ourselves as we go through life and *Storytelling in Therapy* makes much of the richness of metaphor by which we do this: the book immediately declares its cognitive behavioural therapy (CBT) credentials but like its progenitor – Ellis' Rational Emotive Behaviour Therapy (Ellis 1994), it also lays claim to varied philosophical antecedents (including, at one point, Freudian!) – mixing and matching philosophical antecedents seems to be the rage today, perhaps an inevitable process given that all past knowledge is absorbed into current thinking – original thought is a rare commodity. Indeed, this book's central notion of 'educating' the erroneous ideas of patients through storytelling, metaphor and analogy reminds me of Charles Rycroft's (1991, p. 52) assertion that *all* talk about mental activity inevitably collapses into metaphor: for instance, that we postulate *mind* as a space inside which mental activity occurs. An important point is that this book wisely keeps well away from psychotic dimensions, restricting itself largely to anxiety, depression and their offshoots.

### Scepticism

On reflection, scepticism can only be taken so far: there is psychological 'pain' in the world and while

prioritizing it via classification does little harm – a debatable point – it would be foolish to just drift into cynicism or denial. This is particularly so where psychological and social distress collide. 'Community Care' by Thomson & Thomson (2005) is one of a new series of short texts which seeks to (succinctly) link theoretical to practical issues accessibly. Its 11 chapters range from 'law and regulation' to 'working in partnership' to 'accountability', 'empowerment' and much more. I would especially recommend its sections on race and gender: it has that capacity (whether acquired or inherited) to be both comprehensive and particular at the same time. This text exhibits knowledge, experience, reflection and assuredness. If you work in community care, this one is recommended for purchase.

## Families

Moving on: do you – those of you of a certain age – remember when you could blame *anything* on families? There was supposed to exist, 'in society', not families as such, but, instead, 'the family', an abstract entity to which all mental illnesses and other malformations could be attributed. I have 'fond' memories of anti-psychiatrist David Cooper (1972) declaring:

There seem to be few *mothers* [my italics] who can keep their hands off their child long enough to allow the capacity to be alone to develop. There is always a need to try to arrest the wailing desperation of the other – for one's sake if not for theirs. (p. 15)

Indeed, even the 1967 Reith Lectures took as their theme 'the family as the source of all our discontents': for anyone retaining such delusions, reading *Applying Family Therapy* by Walker & Akister (2004) should finally banish them. That said, this book does more than this; it is especially good at dispelling this idea of 'the family' or, 'ideal family', and it achieves this by providing understanding of how organizations impinge on communities influencing issues of empowerment and social inclusivity. The book is particularly effective in its consideration of the ethical dimensions of intervening both within families and with children directly. I highly recommend it.

Sandra Buechler's (2004) *Clinical Values* is about how emotions guide psychoanalytic treatment, and is an example of what I call the hybrid text. Like *Storytelling in Therapy*, it lays claim to a defined context of therapy but then introduces some very

surprising facets. It is a psychoanalytic text with the courage to ask if it might be better to look at OCD from a perspective of environmental determinates rather than metaphorically working out what it all might mean. Buechler's text seems axiomatic today in wanting to show how analysis has absorbed both humanistic and socially mediated elements from the wider culture. Psychiatric nurses will recognize Buechler's version of psychoanalysis, given their acquaintance with the work of Hildegard Peplau and her direct link with that of the neo-Freudian Harry Stack Sullivan. This is a well-written book grounded in the humanities, and is aptly described as 'ecumenical', given its manifest respect for the day-to-day experiences of human frailty.

All of the previous four books are fairly concise representatives of a particular orientation to therapy. The last book, however, is a biggie: it's an edited text, and is clearly meant to squat visibly on a shelf as well as to be read – or at least read in part. There are 25 chapters each written by a person or persons well established within the psychotherapeutic field. It's called *Handbook of Professional and Ethical Practice* (Tribe & Morrissey 2005), and is edited by Rachel Tribe and Jean Morrissey. Its style is formal, but in the field of ethics one expects precision and clarity. The range of issues covered is exhaustive and linked into contemporary practice. It differs from the other books insofar as they are about doing therapy, whereas this book provides precepts and advice about the ethical governance of theory and practice. That being so, practising therapists would be wise to keep this handbook within easy reach.

## Summing up

But then, what of therapy itself? What of the Smith & Glass (1977) findings that if therapy worked – and they found that it did – it did so irrespective of the particular theory or orientation involved? One is reminded again of Garfinkel's study where 'advice' was randomly allocated but integrated into the self-perceptions of what clients wanted or needed to hear. Or what of telephone counselling – first 5 min free! – where you can have your panic attacks eradicated while doing the ironing at the same time.

Well, of course, it's easy to be flippant: there are, however, people in distress and something seems called for. But what? According to Giddens (quoted by Cameron 2000), our identities are not to be found in behaviour nor in the reactions of others, but in our ability to keep a particular narrative going even if, as



shown by Garfinkel, its origins and processes can be an outcome of hit and miss. According to this view, our anxieties about communicating are really worries about being able to keep the narrative of our selves going: identity depends on this, thus the pervasiveness of therapies and their variant capacities to assist people in communicating narratives of who they are. Well, that's one way of looking at it: another is to look at the vagaries of what doesn't happen in therapy – or anywhere else – that which isn't said as much as that which is: psychoanalysis, of all the therapies, was the big enchilada of the unsaid; perhaps this gives us a clue to its demise.

Yet, from Pinter (1981):

We have heard many times that tired grimy phrase: 'failure of communication' and this phrase has been fixed to my work quite consistently. I believe the contrary. I think that we communicate only too well, in our silence, in what is unsaid, and what takes place is continual evasion, desperate rearguard attempts to keep ourselves to ourselves. Communication is too alarming. To enter into someone else's life is too frightening. To disclose to others the poverty within us is too fearsome a possibility.

Therefore, I suppose, must he write plays about this: words will out! And we mustn't forget Goffman (1959) either: one is constantly exhorted in the talking therapies to be genuine: but how do you *be* genuine or indeed how do you *be* anything without entering make believe, the deception of self and/or others. I recall a fascinating paper by Truax (1966), in which he imposed a behavioural analysis on a Rogerian counselling session and found that recipient's responses were simply straightforward elicitations by behavioural stimuli in the language of the therapist. So much for authenticity! Shades here of Ryle (1963), his assertion that that which 'really' resides within the biological machine is but a ghost: the self as spectre. Perhaps, this is why my initial tautology has an inevitableness about it:

If I chance to talk a little wild, forgive me;

I had it from my father.

(Henry VIII, I, iv. 216)

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